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Aleshia T. Prange	(Depositor's name)
aleshia To Prance	(Signature)
September 20, 2006	(Date)

					September	20, 2006	5 /	(Date)
APPLICATION NO.	FILING DATE		FIRST NAMED INVENTOR		ATTORNEY DOCKET NO.		CONFIRMATION NO.	
, 10/510,586 10/08/2004 Age Kyllingstad 1935-00144 1894 TITLE OF INVENTION: METHOD AND DEVICE FOR DETECTING LEAKS IN RECIPROCATING MACHINERY							1894	
APPLN. TYPE	SMALL ENTITY	ISSUE FI	ISSUE FEE		CATION FEE	TOTAL FEE(S) DUE		DATE DUE
nonprovisional	NO	\$1400		\$300		\$1700		09/27/2006
EXAM	MINER	ART UN	ART UNIT		-SUBCLASS]		·
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1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. The Address indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. AASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. (A) NAME OF ASSIGNEE NORWAY 2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered patent attorneys or agents. If no name is listed, no name will be printed. 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY) NORWAY							ocument has been filed for	
Issue Fee Year Same Sam			printed on the patent): Individual XX Corporation or other private group entity Government 4b. Payment of Fee(s): X A check in the amount of the fee(s) is enclosed. Payment by credit card. Form PTO-2038 is attached. The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number (enclose an extra copy of this form).					
5. Change in Entity Status (from status indicated above) a. Applicant claims SMALL ENTITY status, See 37 CFR 1.27. b. Applicant is no longer claiming SMALL ENTITY status, See 37 CFR 1.27(g)(2).						FR 1.27(g)(2).		
The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above. NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.								
Authorized Signature September 20, 2006								
	Typed or printed name Peter T. Holsen Registration No. 54,180							
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This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

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U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
rk Reduction Act of 1995 no persons are required to respond to a collection of information unless it displays a valid OMB control number Complete if Known Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). 10/510.586 **Application Number** FEE TRANSMITT October 8, 2004 Filing Date For FY 2005 Åge Kyllingstad First Named Inventor Hal D. Wachsman **Examiner Name** Applicant claims small entity status. See 37 CFR 1.27 Art Unit 2857 (\$) \$1,700.00 TOTAL AMOUNT OF PAYMENT 1935-00144 Attorney Docket No. METHOD OF PAYMENT (check all that apply) Credit Card Money Order None Other (please identify): Check | Deposit Account Name: Andrus, Sceales, Starke & Sawall, LLP Deposit Account Deposit Account Number: 01.2000 For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Charge fee(s) indicated below, except for the filing fee Charge fee(s) indicated below Charge any additional fee(s) or underpayments of fee(s) Credit any overpayments under 37 CFR 1.16 and 1.17 WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. **FEE CALCULATION** 1. BASIC FILING, SEARCH, AND EXAMINATION FEES **FILING FEES EXAMINATION FEES** SEARCH FEES **Small Entity** Small Entity **Small Entity** Fees Paid (\$) Fee (\$) **Application Type** Fee (\$) Fee (\$) Fee (\$) Fee (\$) Fee (\$) 200 300 500 100 Utility 150 250 130 200 100 100 50 65 Design 300 150 160 80 200 100 Plant 600 300 500 250 Reissue 300 150 0 Provisional 200 100 O 0 **Small Entity** 2. EXCESS CLAIM FEES Fee (\$) Fee Description 25 Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent 200 100 180 360 Multiple dependent claims Multiple Dependent Claims **Extra Claims** Fee Paid (\$) **Total Claims** Fee (\$) Fee Paid (\$) 9___ - 20 \$0.00 Fee (\$) = HP = highest number of total claims paid for, if greater than 20 Fee Paid (\$) **Extra Claims** Fee (\$) Indep. Claims \$0.00 HP = highest number of independent claims paid for, if greater than 3 3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Number of each additional 50 or fraction thereof Fee Paid (\$) Fee (\$) Extra Sheets **Total Sheets** _ (round **up** to a whole number) x \$0.00 Fees Paid (\$) 4. OTHER FEE(S) Non-English Specification, \$130 fee (no small entity discount) \$1,700.00 Other: Issue and Publication Fees (large entity)

SUBMITTED BY			
Signature	Vity T Atel	Registration No. (Attorney/Agent) 54,180	Telephone 414-271-7590
Name (Print/Type)	Peter T. Holsen		Date September 20, 2006

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the This collection of information is required by 37 CFR 1.135. The information is required to obtain of retain a benefit by the public which is all clut by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 23213-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.